

					
FORM I	CHECK APPROPRIATE B	OXES—PLE	RIBUTIONS AND EXPENDITURES EASE TYPE OR PRINT IN BLACK INK	FOR OFFICE (
	(Check one:)	1 st		JAN	1 8 2022
D-2	Final Report (Fund	d balance	on Line E must be \$0)	State Boar	d of Elec
LINOS L	Amendment of the Report Indicated Above		rt Indicated Above	Springfield Office	
ull name and complete mailing addre	ess of Political Commi	ttee:	CHECK FOR ADDRESS CHANGE	соммітт	EE ID#
39th Ward Neighbors United	1				
O Box 30213					
Chicago, IL 60630-0213			1.	37052 - 4	
mail address: 39thwardneighbor	sunited@amail.com	- I	1	37032 - 7	
			HECK FOR E-MAIL ADDRESS CHANGE ALL POLITICAL COMMITTEE	S DETLIDN TO:	
OF REPOR	ALABLE AT BEGINNII TTING PERIOD:	NG	STATE BOARD OF ELECTIONS	STATE BOARD OF ELEC	
0/1/21 12/31/21 \$0				69 W WASHINGTON ST CHICAGO, IL 60602-30	•
	mount in SECTION D, Line	(A)	E-MAIL: D2@ELECTION	S.ILGOV	
<u>SECTION A — R</u>	ECEIPTS		<u>SECTION B — EXI</u>	PENDITURES	
I. Individual Contributions a. Itemized (from Schedule A):	ė	(12)	6. Transfers Out	ė	(6-)
b. Not-Itemized:	\$	_(1a) _(1b)	a. Itemized (from Schedule B):b. Not-Itemized:	\$	
2. Transfers in	¥	(10)	7. Loans Made	-	(6b)
a. Itemized (from Schedule A):	\$	_(2a)	a. Itemized (from Schedule B):	\$	(7a)
b. Not-Itemized:	\$	_(2b)	b. Not-Itemized:	\$	(7b)
3. Loans Received			8. Expenditures		
a. Itemized (from Schedule A):	\$		a. Itemized (from Schedule B):	\$	
b. Not-Itemized	\$	_(3b)	b. Not-Itemized	\$	(8b)
 Other Receipts a. Itemized (from Schedule A): 	\$	(4a)	 Independent Expenditures a. Itemized (from Schedule B-9) 	: \$	(9a)
b. Not-Itemized		(4b)	b. Not-Itemized	. \$	
TOTAL RECEIPTS (1a thru 4b)	s ⁰	(TR)	TOTAL EXPENDITURES (6a thru 9	· · · · · · · · · · · · · · · · · · ·	(TE)
. In-Kind Contributions	************	****	SECTION C — DEBTS A (Include previously report	ND OBLIGATION	*****
a. Itemized (from Schedule I):	\$	_(5a)	10. a. Itemized (from Schedule C):	\$	(10a)
b. Not-Itemized		(5b)	b. Not-Itemized	\$	(10b)
TOTAL IN-KIND (5a + 5b)	\$ ⁰	_(TI)	TOTAL DEBTS & OBLIGATIONS	ś0	
*************************	********	****	SECTION D — CAS	H BALANCE	******
Name and address of person subn than the committee's Chair or Tre	nitting this report <u>if o</u> asurer:	ther	Cash available at beginning o	of o	443
			reporting period Total Receipts from Section A (TR		(A)
				Λ	(B)
			Total cash (A) plus (B	i): >	(C)
		i	Total Expenditures from Section B (TE	,	(D)
			Funds available at close o reporting period (C minus D)	of \$ <u>0</u>	(E)
,			Investments total (if applicable	٠٥	(F)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY A STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

01/15/2022

THIS FORM MAY BE REPRODUCED

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